

S/N 10/693,125

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James R. Gallivan et al. Examiner: Daniel Robinson
Serial No.: 10/693,125 Group Art Unit: 3742
Filed: October 24, 2003 Docket No: 1547.018US1
Title SELECTIVE LAYER MILLIMETER-WAVE SURFACE-HEATING SYSTEM
AND METHOD

PETITION FOR A THREE-MONTH EXTENSION OF TIME

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In accordance with the provision of 37 CFR § 1.136(a), it is respectfully requested that a three-month extension of time be granted in which to respond to the Office Action mailed February 17, 2006, said period of response being extended from May 17, 2006 to August 17, 2006.

Please charge Deposit Account No. 19-0743 in the amount of \$1020.00 to cover the required extension fee. Please charge any additional fees or credit overpayment to deposit Account No. 19-0743.

Respectfully Submitted

JAMES R. GALLIVAN ET AL.

By their Representatives,

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.
P.O. Box 2938
Minneapolis, MN 55402
(480) 659-3314

Date: 9/26/06 By: Gregory J. Gorrie

Gregory J. Gorrie
Reg. No: 36,530

CERTIFICATE UNDER 37 CFR § 1.8: The undersigned hereby certifies that this correspondence is being filed using the USPTO's electronic filing system EFS-Web, and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 26 day of September 2006.

Name: Kimberly Brown

Signature: Kimberly Brown

Adjustment date: 03/29/2007 AKELLEY
09/27/2006 INTEFSW 00000455 190743 10693125
02 FC:1253 1020.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>03/26/07</u>		2 Serial/Patent # <u>10/693,125</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time	wfee	09/26/06	\$ 1,020.00
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 1,020.00	
8 TO BE REFUNDED BY:				
		Treasury Check		
<input type="checkbox"/>	Overpayment	X	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment		, 1 9 -- 0 7 4 3	
<input checked="" type="checkbox"/>	No Fee Due (Explanation): Extension filed after extendable period.			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>		TITLE: <u>Petitions Examiner</u>		
SIGNATURE: <u>Sherry D. Brinkley</u>		PHONE: <u>2-3204</u>		
OFFICE: <u>Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>O Kelly</u>		DATE: <u>3/29/07</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B